

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000104101

Entity Name: TROPICAL SUPPLY, INC.

FILED  
May 01, 2011  
Secretary of State

**Current Principal Place of Business:**

2321 NW 139TH AVE  
SUNRISE, FL 33323 US

**New Principal Place of Business:**

**Current Mailing Address:**

2321 NW 139TH AVE  
SUNRISE, FL 33323 US

**New Mailing Address:**

FEI Number: 65-0974724

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEON, JANET  
2321 NW 139TH AVE  
SUNRISE, FL 33323 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: LEON, JANET  
Address: 2321 NW 139TH AVE  
City-St-Zip: SUNRISE, FL 33323

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JANET LEON

PD

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date